

Assessment of Idahoans With Disabilities

State Independent Living Council Survey



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Executive Summary

The data for the survey of Idahoans with disabilities for the State Independent Living Council (SILC) was collected between December 12th, 2004 and January 4th, 2005 by Clearwater Research of Boise, Idaho. The Social Science Research Center at Boise State University was contracted by SILC to coordinate the survey for the council. Funding was provided by SILC and the Idaho Division of Vocational Rehabilitation.

For the survey 9,027 calls were placed within the state of Idaho using random digit dialing. The survey yielded 1,533 households with no members having a disability and 1,216 households with one or more individuals indicating a disability. Of the 44% of households with a member with a disability, 37% had an adult with a disability. Following the “screener” portion of the survey, 581 adult respondents with a disability, as defined by the Americans with Disabilities Act (ADA), completed the entire survey.

Respondents to the survey sometimes indicated that they had more than one disability during the screener portion of the survey. The most frequently occurring disabilities were mental illness (19.2%), followed by difficulty walking (15.1%), and learning disorders (14.3%).

When respondents with disabilities were asked what the most important problem they face is, almost 29% indicated physical health problems associated with their disability. When respondents were asked what the most important problem people with disabilities face, in general, almost 29 did not know or were unsure. However, more than 15% indicated that they perceived access to services and places as the most significant problem people with disabilities face in general.

Respondents with disabilities were also asked to indicate their ability to live independently. About 83% of respondents indicated they live very independently or somewhat independently.

The survey also asked respondents with disabilities to indicate their employment status. More than 26% indicated that they were retired, 20% were employed full-time, and 10% were employed part-time. More than 17% were unable to work. When retirees were removed from the sample, about 27% of respondents were employed full-time, more than 13% were employed part-time, and more than 23 % were unable to work.

Perhaps one of the most important aspects of this survey was capturing how many people with disabilities in the state have medical coverage or benefits. More than 40% of respondents had some form of private insurance, more than 27% had Medicare, 7% had Medicaid, and almost 13% had no medical insurance or benefits. When the same respondents were asked if they had adequate health coverage or benefits, more than 61% strongly agreed or agreed. However, when respondents were asked if they had postponed seeking health care one or more times in the last year, more than 43% indicated they had postponed seeking health care at least once in the last year.

One of the most surprising findings of the survey was that more than 76% of respondents indicated that they had voted in an election in the last year, indicating that people with disabilities in Idaho are highly civically engaged.

Of the 172 respondents that used an assistive technology, 43 (25%) used a device to assist with mobility and 40 (more than 23%) used hearing aids or other devices to assist with hearing or deafness.

State Independent Living Council Philosophy¹

The State Independent Living Council (SILC) advocates for equal opportunity, equal access, self-determination, independence and choice for people with disabilities. The focus of the SILC is to maximize opportunity and to incorporate people with disabilities into all walks of life by empowering them. The Idaho SILC provides leadership development opportunities to empower grassroots advocates, who in turn, will develop systemic changes in public policy to positively impact people with disabilities.

The [Independent Living Movement](http://www.acils.com/acil/ilhistory.html)² stems from a philosophy which states that people with all types of disabilities should have the same civil rights and control over choices in their own lives as people without disabilities. The SILC, therefore, works to change societal attitudes about people with disabilities away from a patronizing, pitying, medical model towards empowerment, independence, home- and community-based services, and integration as fully contributing, valued members of society.

¹ Adapted from State Independent Living Council Website: <http://www2.state.id.us/silc/>

² <http://www.acils.com/acil/ilhistory.html>

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Survey Results

For the survey, 9,027 Idaho phone numbers were called. Of the total numbers called, a survey sample of 2,749 respondents completed the “screener” portion of the survey, which was used to determine if the respondent or anyone in their household had a disability according to ADA guidelines. The survey sample yielded 1,533 respondents (almost 56%) who indicated no member of their household had a disability and 1,216 respondents (over 44%) who indicated that one or more members of their household had a disability. Figure 1 shows a further breakdown of the sub-sample of respondents with one or more disabled members in their household.

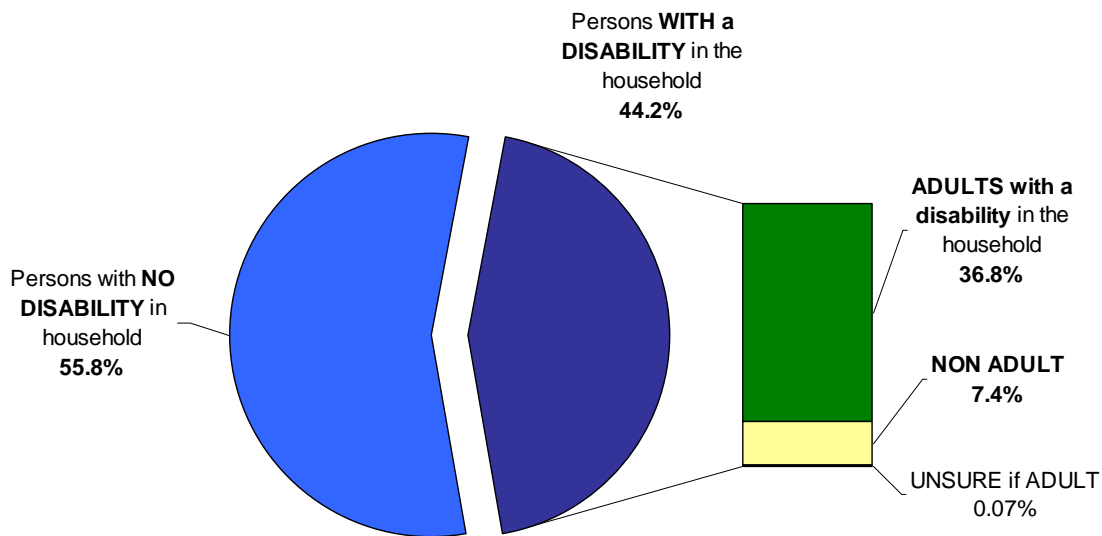


Figure 1. Percentages of respondents that indicated no members in the household had one or more disabilities. The sub-sample includes respondents indicating at least one household member had a disability and is further broken down into adults and non adults. **N = 2,749.**

The fact that 44.2% of the respondents had one or more household members with a disability is concerning. The 2000 Census reported that 19.3% of Americans, age 5 or older qualified as having a disability (Waldrop & Stern, 2003). However, the ADA definitions used to screen respondents in this survey for a disability (or a member of their household) are not as conservative in nature compared to the Census Bureau definitions. In the 2000 census, the following was used to determine if respondents had a disability (Evans et al., 2004):

The data on disability status were derived from answers to long-form questionnaire Items 16 and 17. Item 16 was a two-part question that asked about the existence of the following long-lasting conditions: (a) blindness, deafness, or a severe vision or hearing impairment (sensory disability) and (b) a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying (physical disability). Item 16 was asked of a sample of the population 5 years old and over

Survey Results

Individual Disability Types

Item 17 was a four-part question that asked if the individual had a physical, mental, or emotional condition lasting 6 months or more that made it difficult to perform certain activities. The four activity categories were: (a) learning, remembering, or concentrating (mental disability); (b) dressing, bathing, or getting around inside the home (self-care disability); (c) going outside the home alone to shop or visit a doctor's office (going outside the home disability); and (d) working at a job or business (employment disability). Categories 17a and 17b were asked of a sample of the population 5 years old and over; 17c and 17d were asked of a sample of the population 16 years old and over.

Many of the categories in the Census are similar to the questions used for this survey. However, the questions used for this survey conform to the criteria used by the ADA. These definitions include chronic heart disease, pulmonary disease (COPD), or emphysema; traumatic brain injury; alcohol or drug abuse; and HIV or AIDS. The specific use of COPD in this survey significantly increased the percentage of the sample of respondents qualifying as having a disability.

Individual Disability Types

To determine if a respondent or a member of the respondent's household had a disability, the following "screener" questions were asked:

1. Is there anyone on your household that has difficulty walking? This might include using a wheelchair; being paralyzed, paraplegic, or quadriplegic; having severe arthritis, cerebral palsy, spina bifida, muscular dystrophy, or polio; not having use of one's legs; using a walker, crutches, or a cane.
2. Is there anyone in your household that has a missing limb or has difficulty using their limbs?
3. Does anyone in your household have difficulty seeing, that is, they are blind, or have low vision? This might include having no vision at all; using a guide dog or a sighted guide; using aids such as magnifiers, large print, or Braille.
4. Is there any one in your household who is deaf or has difficulty hearing? This might include primarily using sign language, writing notes, or using other nonverbal methods of communicating or using hearing aids or other amplifying devices.
5. Is there anyone in your household who has trouble speaking because of a disability? This might be a result of a brain injury, cerebral palsy, a stroke, Parkinson's disease, or multiple sclerosis or other cognitive disorder.
6. Is there anyone in your household who has chronic heart disease, chronic obstructive pulmonary disease, or emphysema?
7. Is there anyone in your household who has epilepsy or a seizure disorder?
8. Is there anyone in your household who has a traumatic brain injury?
9. Is there anyone in your household who has been diagnosed as having mental retardation?
10. Is there anyone in your household who has been diagnosed with a learning disability, attention deficit disorder, or hyperactivity; has difficulty learning; or any other similar condition?

Survey Results

Individual Disability Types

11. Is there anyone in your household who has been diagnosed as having a mental illness, or another emotional condition? This might include such things as manic-depressive disorder, schizophrenia, depression, or anxiety.
12. Is there anyone in your household who has gone through an alcohol or drug treatment program, or as a result of alcohol or drug abuse, receives Social Security Income or Social Security Disability Income, vocational rehabilitation or other social service?

Qualified responses to the twelve disability types varied from 0.1% of respondents affirming HIV or AIDS to 17.0% indicating they had a mental illness (Table 1). The second, third, and fourth most common disabilities as indicated by the respondents were difficulty walking (13.4%), learning disabilities (12.7%), chronic heart disease or chronic obstructive pulmonary disease (9.6%), and missing a limb (7.2%) respectively.

Table 1. Percentages and frequencies of individual responses for each disability during the screener portion of the survey for the determination of disability qualification. **N=2,749**

Disability	Yes	No	Don't Know/Not Sure	Refused
Mental Illness	17.0% 468	82.8% 2,276	0.1% 4	0.0% 1
Difficulty Walking	13.4% 368	86.4% 2,375	0.1% 4	0.1% 2
Learning Disability	12.7% 349	87.1% 2,394	0.2% 6	-
Deaf or Difficulty Hearing	9.7% 268	90.1% 2,478	0.1% 3	-
Chronic Heart Disease or Chronic Obstructive Pulmonary Disease	9.6% 263	90.1% 2,476	0.3% 8	0.1% 2
Missing a Limb	7.2% 197	92.7% 2,548	0.1% 4	-
Blind or Difficulty Seeing	7.0% 192	93.0% 2,556	0.0% 1	-
Alcohol or Drug Abuse	5.8% 159	94.1% 2,586	0.1% 3	0.0% 1
Speech Impediment	3.5% 97	96.4% 2,650	0.1% 2	-
Epilepsy or Seizure Disorder	2.7% 73	97.3% 2,675	0% 1	-
Traumatic Brain Injury	2.3% 64	97.4% 2,678	0.3% 7	-
Mental Retardation	1.4% 39	97.4% 2,708	0.1% 2	-
HIV or AIDS	0.1% 3	99.8% 2,744	-	0.1% 2

Occurrences of Disability Types in Comparison to the 1995 Survey

Figure 2 shows the percentages of responses indicating a specific disability. *It should be noted that survey respondents could answer yes to one or more disabilities. As a result, the sample size in Figure 2 is 2,440 and is representative of the number of disabilities, not the number of individuals.* Respondents with a disability frequently claimed more than one disability type. One difference between the 1995 study by Scudder & Willmorth and this survey is that respondents with diabetes qualified as having a disability in the 1995 study but were not asked for this survey.

The percentages of responses to specific disability types varied compared to the 1995 study (Scudder & Willmorth, 1995). Mental illness and depression/anxiety were separate categories in the 1995 study. These categories constituted 14.3% and 3.4% respectively in that study, for a combined 17.7%. These two categories were combined in this survey for 19.2 %. Mobility problems constituted 9.9% of the responses in the 1995 study. The current study used the category difficulty walking, which comprised 15.1% of the responses. Learning disorders jumped from 9.7% in 1995 to 14.3 % in the current study. The category heart disease in the 1995 study was expanded to include chronic heart disease, pulmonary disease, or emphysema. These percentages were 6.6% and 10.8% respectively, which may be reflected by the more inclusive definition in the current study.

There were some notable declines since the 1995 study as well. Low vision and blindness were separate categories in the 1995 survey, comprising 14.3% and 1.4% of the responses respectively, for a combined 15.7%. In the current study blindness and difficulty seeing comprised 7.9% of the responses. Hard of hearing and deafness constituted 10.1% and 1.1% respectively in the 1995 study for a combined 11.2%, while difficulty hearing and deafness constituted 6.9% of the responses in the current study.

Other categories were comparable to the 1995 study. In the previous study 3.7% of the responses indicated a traumatic brain injury, and 2.6% indicated the same in the current study. The responses indicating epilepsy or a seizure disorder were 2.7% in 1995 and 3.0% in the current study. In 1995, 1.3% of the responses indicated mental retardation, with 1.6% in the current study. Alcohol or drug abuse constituted 5.4% of the responses in 1995, with a 6.5% response rate in the current study. Responses to HIV or AIDS constituted 0.2% of the responses in 1995, compared with 0.1% currently.

Survey Results

Occurrences of Disability Types in Comparison to the 1995 Survey

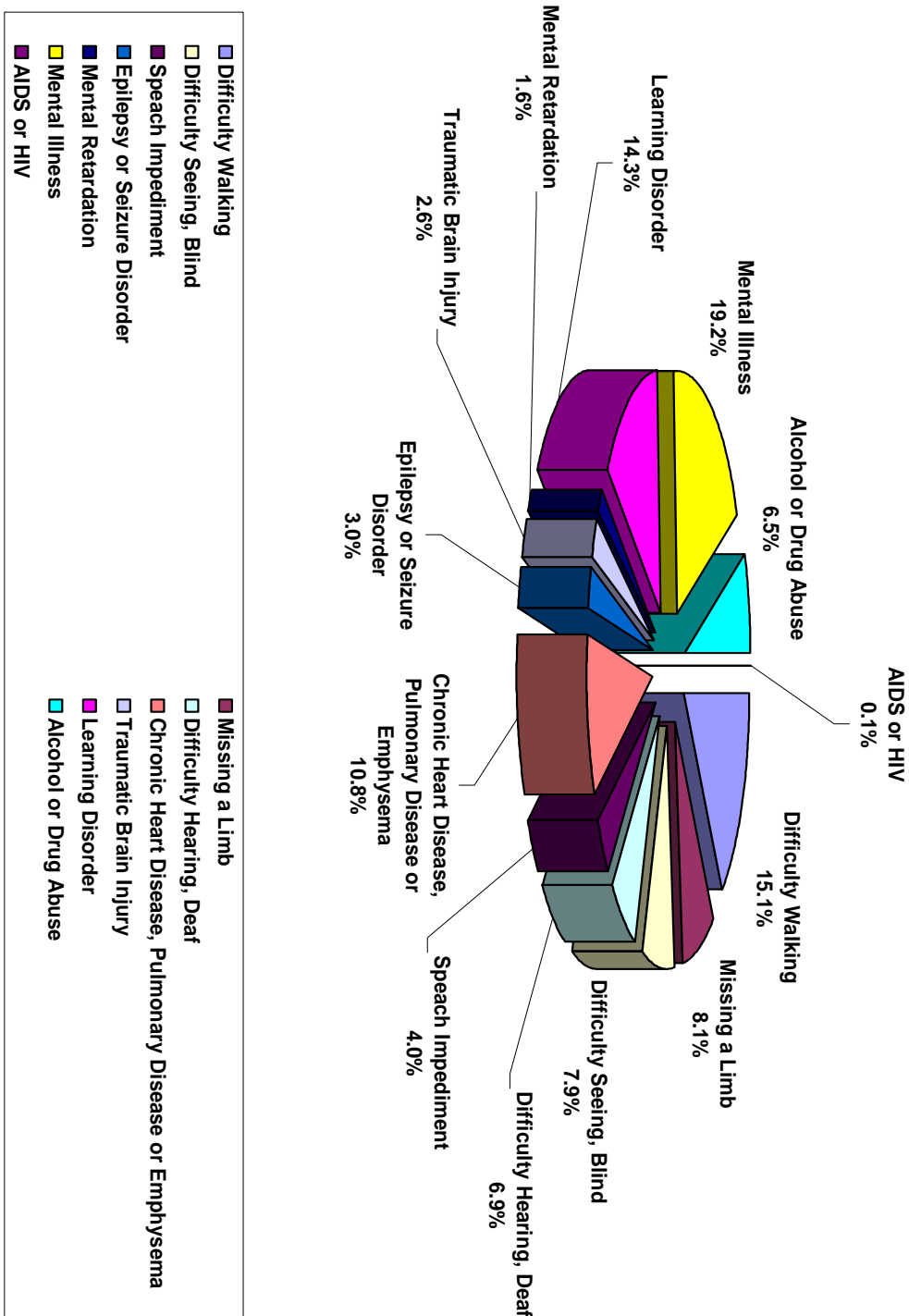


Figure 2. Percentages of each disability type. Respondents frequently indicated that they had more than one disability. As a result, the sample size for this figure is a representation of the number of disabilities indicated by respondents with one or more disabilities. The sample size is not equivalent to the number of respondents. **N = 2,440.**

Frequencies of Respondents with More than one Disability

Adult respondents indicated that they had as many as eight disabilities according to the ADA criteria used during the “screener” portion of the survey (Figure 3). Just under half (48.4%) of respondents had only one disability. The relatively frequent occurrence of more than one disability can be most likely attributed to disabilities that are age-related or that maybe somehow correlated with another disability. For example, if a respondent indicated that they have difficulty walking, it may be because they are missing a limb.

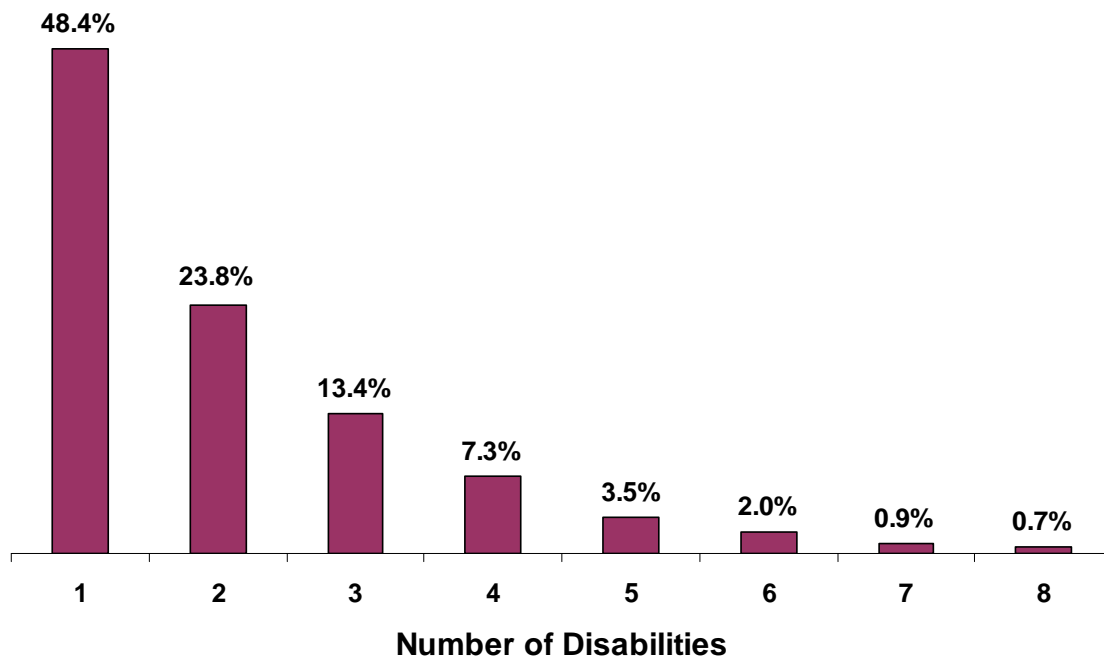


Figure 3. Percentage of respondents indicating one or more disabilities. N=1,185

General Issues Facing Adults with Disabilities

Following the completion of the “screener” portion of the survey where the various disability types were captured, if a respondent indicated they had no disability (or there were no members in the household with a disability), the survey was terminated. If the respondent had a disability they were asked to continue with the second portion of the survey. If the respondent had no disability, but an adult was present in the household with a disability, that member was asked to complete the second part of the survey. Slightly more than 600 respondents completed the second portion of the survey, which addressed disability issues. These included problems of everyday life, ability to live independently, employment, availability and use of information from organizations for those with disabilities, educational opportunities, community involvement opportunities, and medical coverage.

Important Personal Issues

For the survey, respondents were asked to identify (in their own words) the most important problem they personally face as a person with a disability (Figure 4). They were also asked what they perceive to be the most important problem people with disabilities face in general (Figure 4). Answers to these two questions are open-ended, and therefore the categories of responses vary.

The most important problem that respondents faced personally was by far physical health conditions associated with their disability (28.7%). However, 28.7% of respondents were uncertain what the most important problem was for other people with a disability.

Important Issues for People with Disabilities in General

While 10.3% of respondents indicated that general mental health and mental health including anxiety, depression, and stress was the most important problem they faced personally (Figure 4), not one respondent indicated that this might be the most important problem that other people with disabilities face in general. Interestingly, respondents indicated that general access, including access to services and places, is perhaps the most important problem facing people with disabilities in general (15.3%).

Financial status and mobility tied for second at 10.9% as a problem that respondent with disabilities face personally. However, financial status was perceived as the third most important problem for people with disabilities in general (9.9%). Health care was perceived by 11.7% of respondents as being the second most important problem people with disabilities face in general.

Survey Results

General Issues Facing Adults With Disabilities

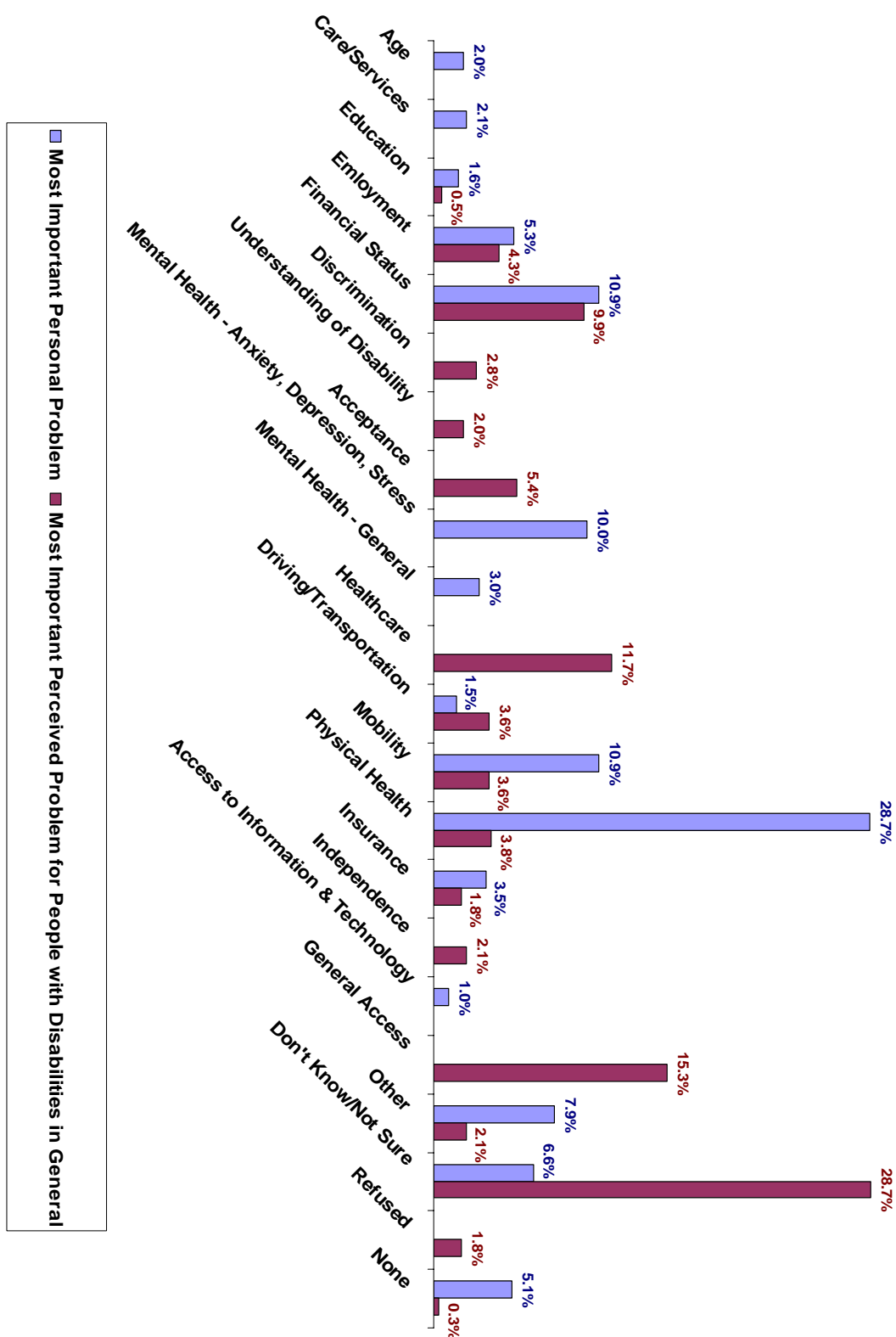


Figure 4. The most important problems respondents personally face (N=607), and the most important problems respondents perceived that people with disabilities face in general (N=606).

Independent Living

About two-thirds of respondents indicated that they were able to live very independently (Figure 5). This level of independence is comparable to the 63.9% of respondents that claimed to live very independently in Idaho in 1995 (Scudder & Willmorth). Similarly, 7.3% of respondents claimed to be very dependent in 1995 (Scudder & Willmorth), and 5.6% claimed to be very dependent in this survey.

Almost 83 % of respondents claimed that they live very independently or somewhat independently. Exactly 16% of respondents claimed they live very dependently or somewhat dependently.

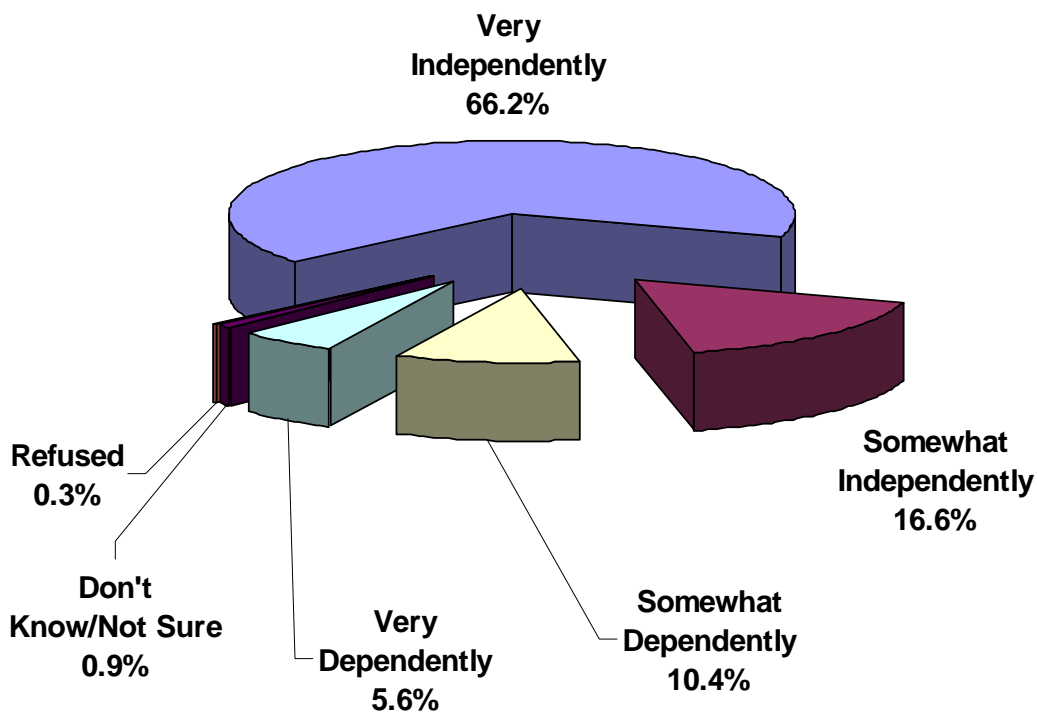


Figure 5. Level of independent and dependent living as indicated by respondents. N=603

Personal Assistance

In order for some people with disabilities to meet their needs they must utilize certain services to do so. When asked if these services were adequately available to meet their needs, 43.1% of respondents strongly agreed or agreed that these services were adequately available (Figure 6). However, 36.9% of the respondents indicated that they disagreed or strongly disagreed that adequate services were available to them help take care of their needs. The most surprising response to this question is that 18.0% of the respondents did not know if the services available to them could adequately help take care of their needs as a person with a disability.

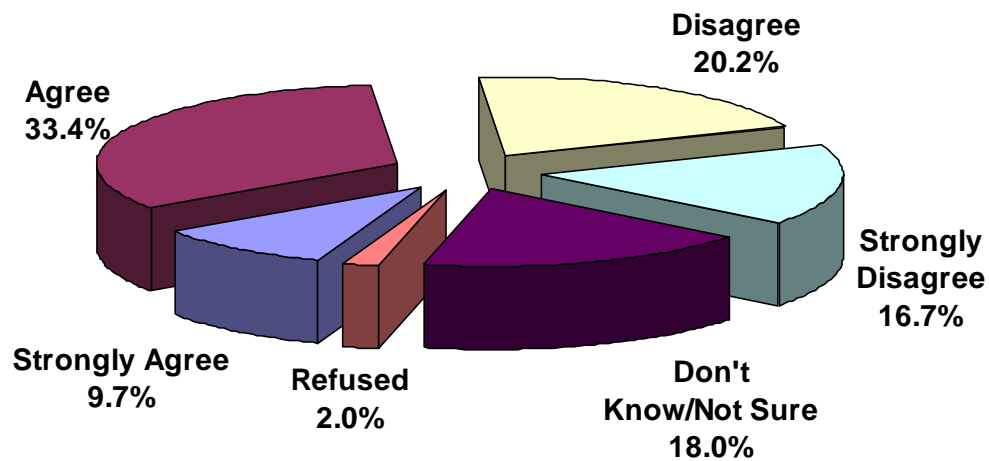


Figure 6. Percentages of respondents who have available personal assistance services adequate for them to take care of their needs. N=599

Services and Support

When asked if they could choose what services and support they receive, 72.1% of respondents indicated they strongly agree or agree (Figure 7), compared with 22.0% of the respondents who disagree or strongly disagree.

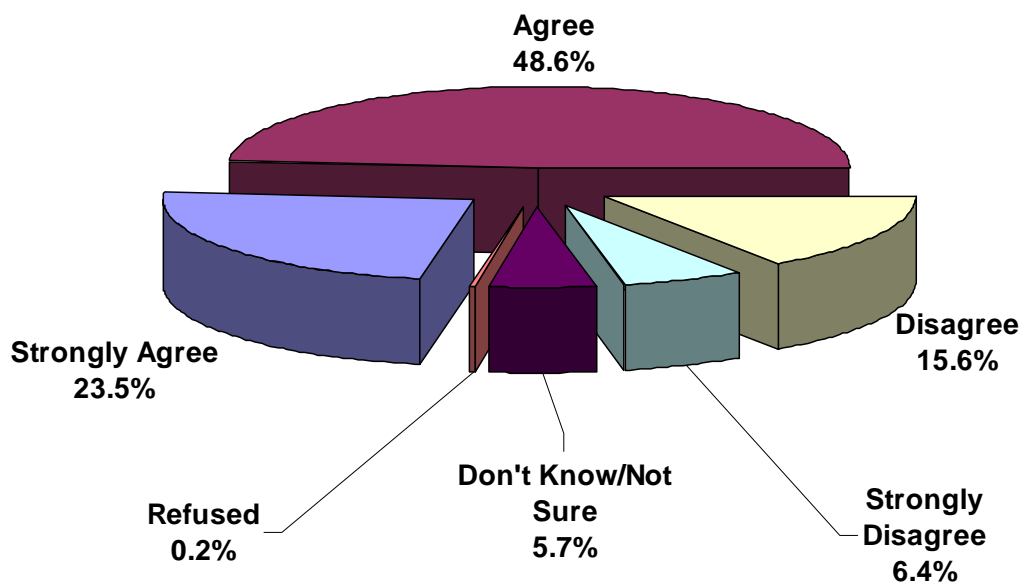


Figure 7. Percentages of respondents who agree or disagree that they have the ability to choose the services and support they want to receive. N=595

Educational and Vocational-Technical Training

Survey respondents were also asked if they believed that adequate educational or vocational-technical training opportunities were available to them (Figure 8). Two-thirds of respondents indicated that they either agree or strongly agree that there are adequate educational or vocational-technical training opportunities available to them. Only 24.1% disagree or strongly disagree.

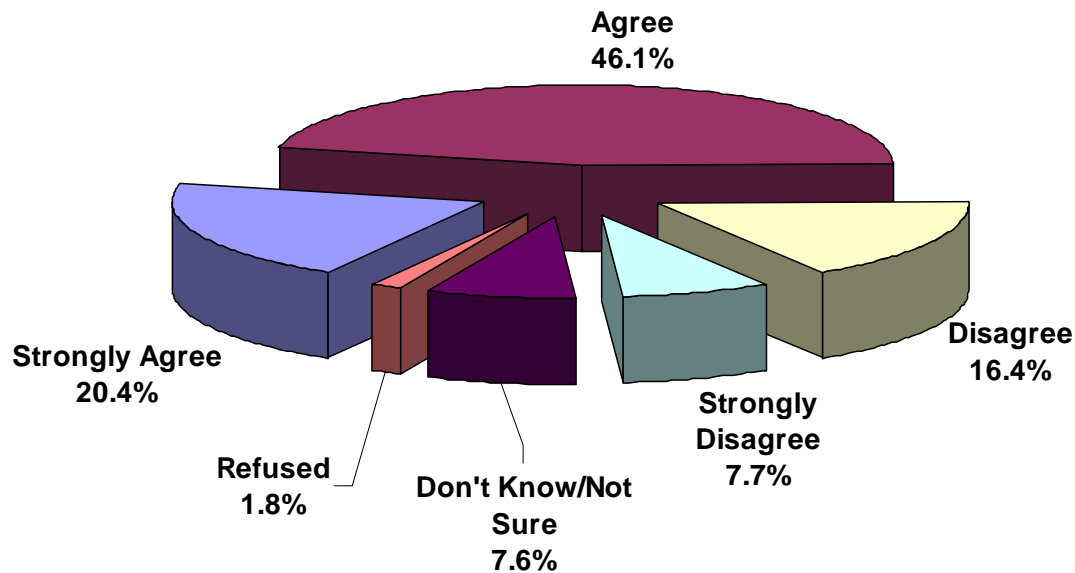


Figure 8. Percentages of respondents who believe they have adequate opportunities for education or vocational-technical training. **N=597**

Community Involvement

When asked if they had adequate opportunities to be involved in the community, 86.9% of respondents agreed or strongly agreed that they do (Figure 9), compared with only 10.4% who disagreed or strongly disagreed.

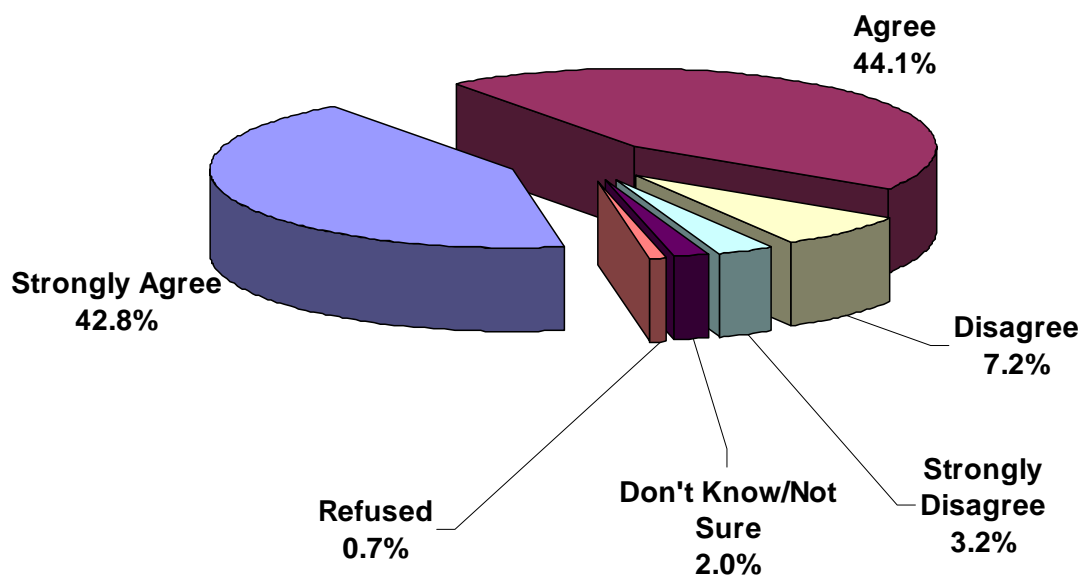


Figure 9. Respondents level of agreement that they have adequate opportunities to be involved in the community. N=594

Assistive Technology

Some people with disabilities use a device or some form of technology for assistance. When respondents were asked if they used some form of technology or a device to assist themselves, 28.5% of the respondents indicated that they use technology or a device for assistance and 69.7% indicated they do not (Figure 10).

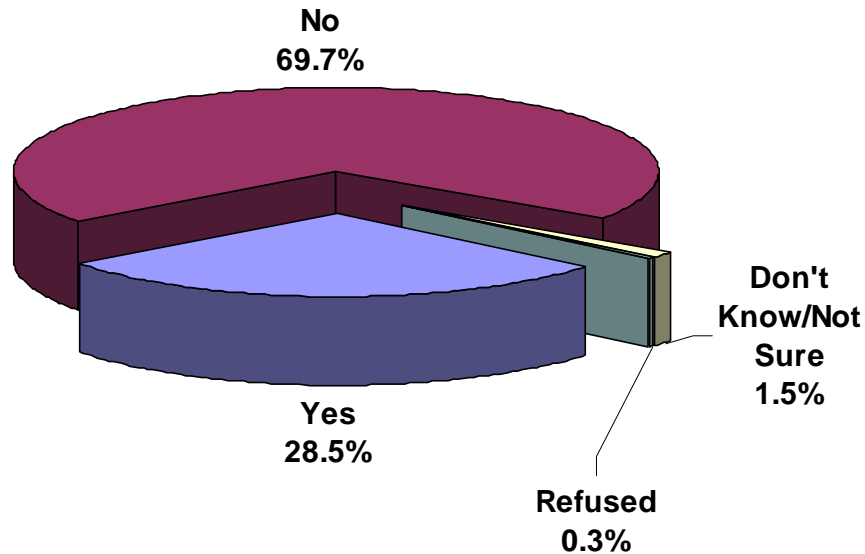


Figure 10. Percentages of respondents that utilize or do not utilize a technology or device to assist themselves. N=603

Survey Results

Independent Living

Assistive Technology Types

If the individual respondents affirmed that they used a technology or device for assistance (Figure 10), they were then asked to describe what they use, in their own words (Table 2). Of the 603 respondents, 172 indicated they use a technology or device for assistance. The most common form of assistance included walkers, wheelchairs, scooters, lifts, etc. (25.0%). The second most common category of assistive technology included hearing aids or other devices designed to assist with limited hearing or deafness (23.3%).

Table 2. Types and frequencies of assistive technologies utilized by respondents.

Technology	Number of Respondents Using the Technology	Percentage
Equipment such as walkers, wheelchairs, scooters, lifts designed for wheelchairs, or any other devices that help with mobility	43	25.0%
Hearing aids or other devices designed to assist with limited hearing or deafness	40	23.3%
Braille note takers, screen readers, special computer software, or any other devices designed to assist with limited vision or blindness	16	9.3%
Not an Assistive Technology	13	7.6%
Devices, designed to assist with spoken communication	12	7.0%
Computer (only use if none of the above fit)	10	5.8%
Oxygen / breathing apparatus / nebulizers	9	5.2%
Voice-recognition technology, a special keyboard or mouse, or any other devices that help with limited dexterity or use of your hands or arms	7	4.1%
Pacemaker / Never stimulator / etc.	7	4.1%
Large key, speaker, or enhanced volume telephone, talking caller ID, speech recognition telephone or other specialized telephone	4	2.3%
Prostheses or orthotics of any kind or modifications to furniture, appliances or rooms.	3	1.7%
Automatic door openers or remotely controlled light switches	2	1.2%
Ramps instead of steps or stairs, or curb cuts on sidewalks	1	0.6%
Closed-captioning on TV	1	0.6%
Don't Know / Unsure	1	0.6%
Refused	3	1.7%
N=172		

Based on Table 2 it is obvious that there is a myriad of devices and technologies available to persons with disabilities. There are other technologies and devices available in addition to those listed above. In the same way that technology is rapidly being expanded and developed for the general population, technology available to assist persons with disabilities will also greatly

Survey Results

Independent Living

expand and develop in the future. The ability for some persons with disabilities to have access to these devices and technologies in the future remains uncertain, however.

Access to Assistive Technology

When respondents were asked if they have ready access to adaptive devices and technology to assist them in being independent, 61.2% agreed or strongly agreed (Figure 11), while 24.9% disagreed or strongly disagreed.

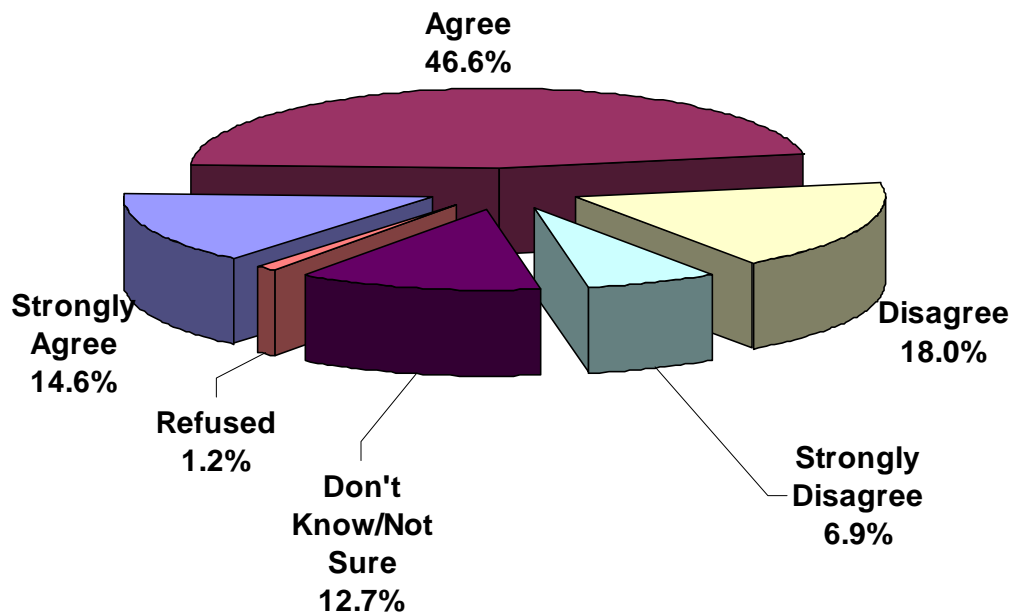


Figure 11. Percentages of respondents who agree or disagree that they have ready access to adaptive devices and technology to assist them in being independent. N=596

Employment Concerns of Respondents

More than 26% of respondents indicated that they were retired, 20.0% indicated full-time employment, and 17.4% indicated that they were unable to work (Figure 12). Since a large portion of the respondents were retired, they were removed from the entire sample of responses and plotted alongside the original sample in Figure 12. This was done for comparison purposes. After removing retirees from the sample, 27.1% of respondents indicated they were employed full-time, 23.5% of respondents were unable to work, and 13.6% of respondents were employed part-time.

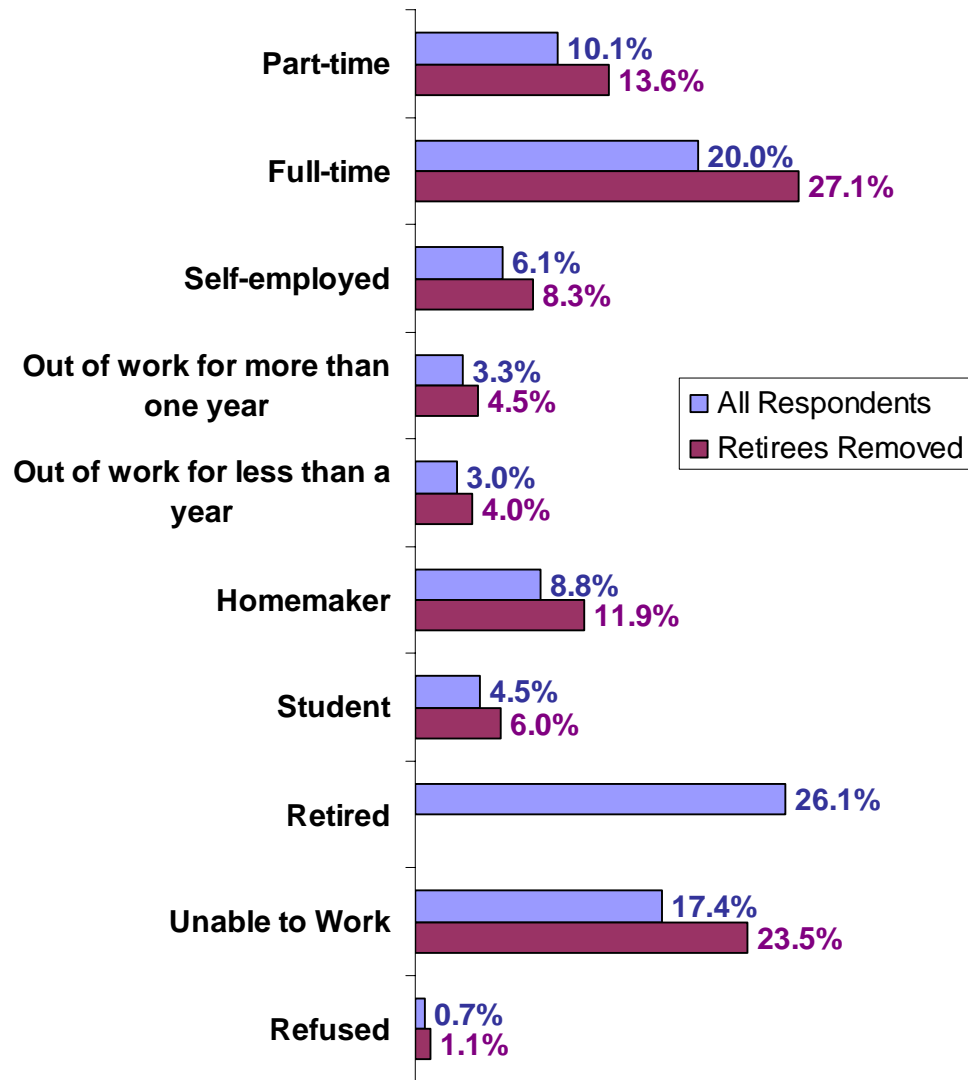


Figure 12. Employment status of respondents. Since the proportion of retired respondents was the highest, retirees were removed to portray people with disabilities in the workforce for the purpose of comparison. **N=605** for *all respondents*, **N=447** for responses from *non-retirees*.

Under-Employment

After placing respondents into the categories shown in Figure 12, those that fell into full-time employment, part-time employment, or self-employment were asked if they believed they were under-employed because of their disability. Of the 605 respondents, 219 of the respondents were either employed; 121 respondents were employed full-time, 61 were employed part-time, and 37 were self employed.

When the 219 employed respondents were asked if they believed they were under-employed because of their disability, 16.9% of the employed respondents believed they were, 81.3% believed they were not, and 0.9% were unsure (Figure 13). It was assumed that many full-time employees probably do not consider themselves under-employed. To determine if this was the case, Table 3 presents a cross-tabulation of under-employment as responses from each individual employment category.

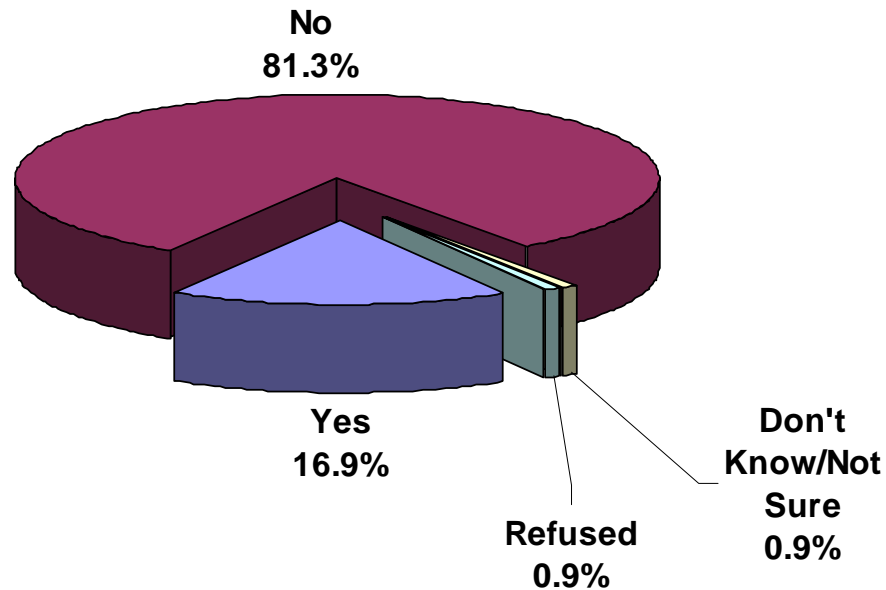


Figure 13. Responses from full-time, part-time, and self-employed individuals when asked if they believe they are under-employed because of their disability. N=219

Survey Results

Employment Concerns

Only 6.7% of full-time respondents believed they were under-employed because of their disability (Table 3). In the case that full-time respondents did believe they were under-employed because of their disability, they probably were not referring to the number of hours they worked per week. Full-time respondents that indicated they believed they were under-employed because of their disability most likely believed that their current employment did not maximize their individual potential. This survey did not address that aspect, however.

When part-time and self-employed respondents were asked if they believed they were under-employed because of their disability, 27.9% and 30.6% believed they were under-employed respectively. This observation does not deviate from an expected difference between these two categories and full-time employment.

Table 3. Cross tabulation of responses to under-employment from individuals in each employment category. Percentages are calculated across rows. There are two missing responses.

Do you believe you are under-employed because of your disability?					
	Yes	No	Don't Know/Not Sure	Refused	Total
Part-time	17 27.9%	42 68.9%	1 1.6%	1 1.6%	61
Full-time	8 6.7%	111 92.5%	1 0.8%	0 -	120
Self-employed	11 30.6%	24 66.7%	0 -	1 2.7%	36
Total	36	177	2	2	217

Survey Results

Organizational Information and Services Available to People with Disabilities

Organizational Information and Services Available to People with Disabilities

It is important for organizations that provide advocacy services to people with disabilities to measure awareness within their potential client-base. In addition, these organizations need to know the levels of satisfaction of persons with disabilities who utilize information and services from these organizations. Table 4 shows the percentages of respondents in Idaho who had been contacted by or received information from the following organizations:

- State Independent Living Council (SILC)
- Disability Action Center (DAC)
- Idaho Division of Vocational Rehabilitation (IDVR)
- Living Independence Network Corporation (LINC)
- Living Independently for Everyone (LIFE)
- Idaho Commission for the Blind or Visually Impaired (ICBVI)
- Americans with Disabilities Taskforce (ADA)
- Idaho Assistive Technology Project (IATP)

Table 4. Percentages of respondents who have been contacted by or received information from various organizations for people with disabilities. **N=603**

Organization	Have you ever been contacted by or received information from this organization?			
	Yes	No	Don't Know	Refused
SILC	2.8%	95.5%	1.7%	-
DAC	2.8%	95.2%	2.0%	-
IDVR	16.6%	80.9%	2.3%	0.2%
LINC	2.0%	96.7%	1.3%	-
LIFE	1.7%	97.2%	1.1%	-
ICBVI	5.3%	94.4%	0.3%	-
ADA	4.5%	93.2%	2.3%	-
IATP	1.5%	97.7%	0.8%	-

Respondents indicated that they had most frequently been contacted by or received information and services from IDVR (16.6%, Table 4). ICBVI and ADA placed second and third at 5.3% and 4.5% respectively. Only 1.5% of respondents had been contacted by or received information from IATP.

Survey Results

Organizational Information and Services Available to People with Disabilities

Satisfaction with Organizational Information and Services

Table 5 shows the level of satisfaction of respondents concerning the information or services they received from each of the organizations. The sample sizes are too small to make an objective comparison or draw conclusions. While 100 respondents had been contacted by or received information from IDVR, the next most frequently utilized organization for information or services was ICBVI, where only 32 respondents had been contacted by or received information from ICBVI.

While 90.0% of respondents who had contacted or received information from LIFE were at least satisfied with those services, they included only 10 respondents. Of the 17 respondents who had been contacted by or received information from SILC, 88.2% of those respondents were very satisfied, satisfied, or somewhat satisfied with those services. Of the 32 respondents who had been contacted by or received information from ICBVI, 84.4% of those respondents were very satisfied, satisfied, or somewhat satisfied with those services. The highest level of dissatisfaction was found among respondents who had been contacted by or received information from IDVR. Of these respondents, 24.0% indicated they were either unsatisfied or not at all satisfied with the services they received from IDVR.

Table 5. Levels of satisfaction among respondents who received services from various organizations for people with disabilities.

Organization	How satisfied were you with the services you received from this organization?							N
	Very Satisfied	Satisfied	Somewhat Satisfied	Unsatisfied	Not at All Satisfied	Don't Know	Refused	
SILC	41.2%	23.5%	23.5%	-	-	11.8%	-	17
DAC	11.8%	41.2%	23.5%	5.9%	11.8%	5.9%	-	17
IDVR	28.0%	25.0%	19.0%	12.0%	12.0%	3.0%	1.0%	100
LINC	41.7%	41.7%	-	-	8.3%	8.3%	-	12
LIFE	60.0%	30.0%	-	-	-	10.0%	-	10
ICBVI	50.0%	25.0%	9.4%	3.1%	3.1%	9.4%	-	32
ADA	14.8%	33.3%	25.9%	-	11.1%	14.8%	-	27
IATP	33.3%	22.2%	22.2%	-	-	11.1%	11.1%	9

Discrimination Against People with Disabilities

A range of questions were asked to determine how common discrimination against people with disabilities is in Idaho. These questions regarded instances of discrimination in the enforcement of laws designed to protect people with disabilities, obtainment housing, employment, education, child custody, accessing a public place, or the occurrence of discrimination in any other general circumstance.

There are laws designed to protect people with disabilities or provide equal opportunities for people with disabilities. When respondents were asked if they believe that these laws are being properly enforced, 44.1% of respondents believed they were (Figure 14), while 37.3% did not believe that they were being enforced. More than 17% did not know or were unsure if these laws were being enforced.

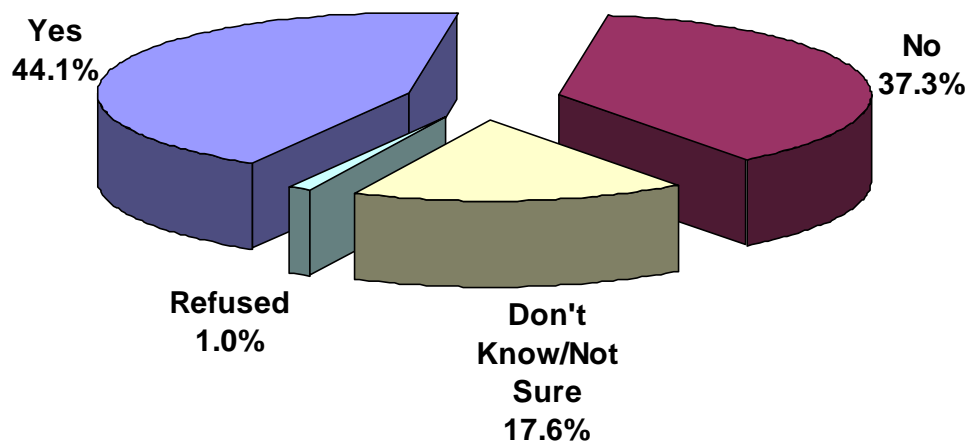


Figure 14. Percentages of respondents who believed the laws designed to protect people with disabilities were being enforced or were not being enforced. N=592

Survey Results

Discrimination Against People with Disabilities

Discrimination While Obtaining Housing

When obtaining housing, 93.3% of respondents indicated that they were not discriminated against (Figure 15), while 5.8% of respondents indicated that they were discriminated against when obtaining housing. This question does not address the availability of housing to accommodate people with disabilities, however.

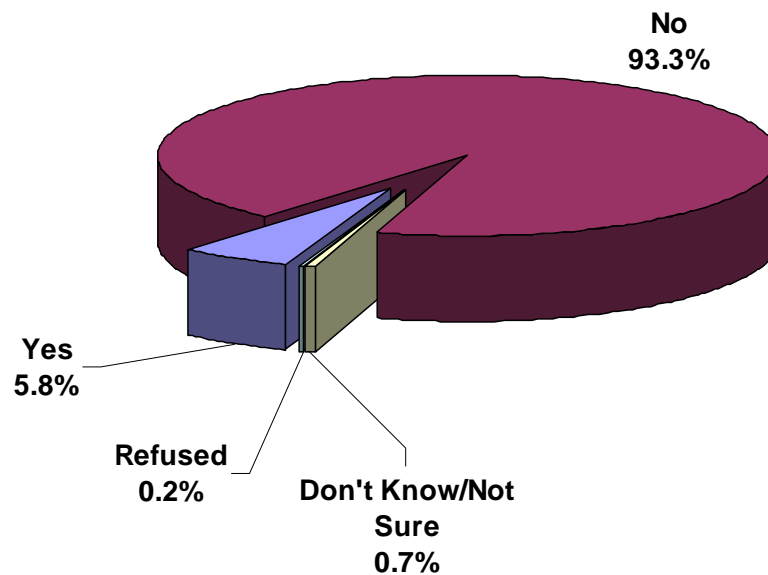


Figure 15. Percentages of respondents who believe they were discriminated against or not discriminated against when obtaining housing. N=590

Survey Results

Discrimination Against People with Disabilities

Discrimination While Obtaining or Keeping Employment

When obtaining or keeping employment, 80.5% of respondents indicated that they were not discriminated against (Figure 16), while 17.8% of respondents indicated that they were discriminated against when obtaining or keeping employment.

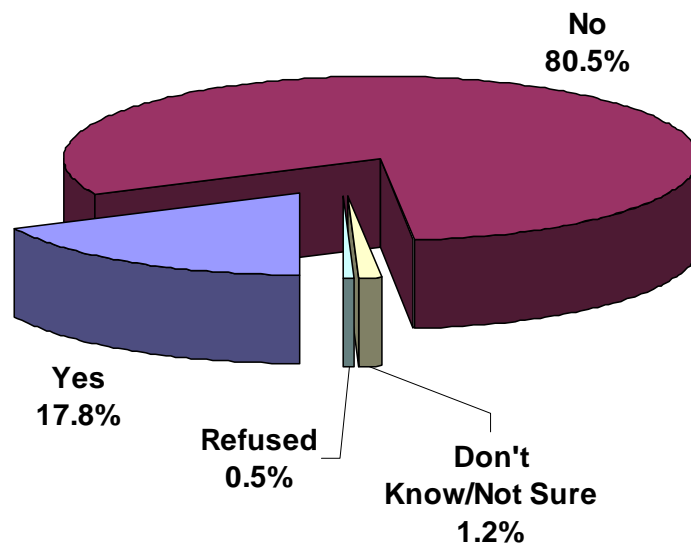


Figure 16. Percentages of respondents who believe they were discriminated against or not discriminated against while obtaining or keeping employment. N=590

Survey Results

Discrimination Against People with Disabilities

Educational Discrimination

In terms of education, 83.4% of respondents indicated that they were not discriminated against (Figure 17), while 12.7% of respondents indicated that they were discriminated against in education. This includes, but is not limited to, being accepted into an educational program, access to education, or getting financial aid.

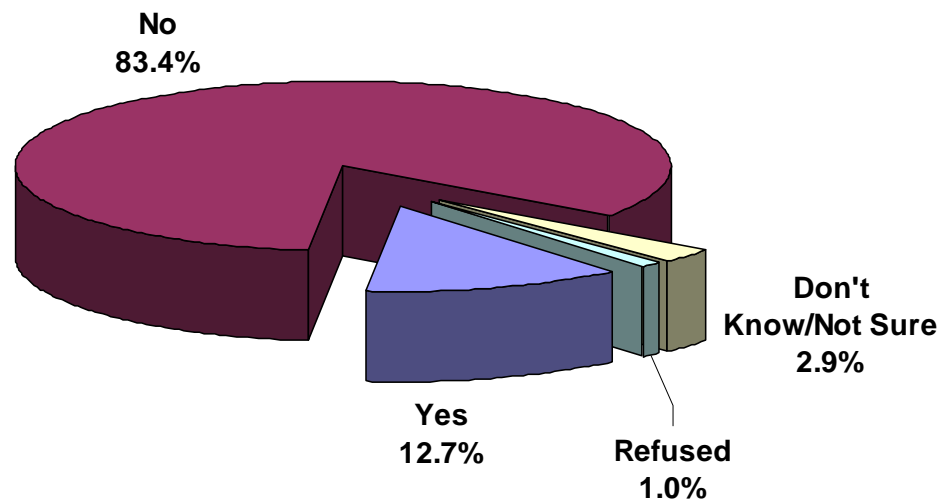


Figure 17. Percentages of respondents who believe they were discriminated against or not discriminated against with education. **N=590**

Discrimination in Child Custody

When getting or keeping custody of children, 93.4% of respondents indicated that they were not discriminated against (Figure 18), while 4.6% of respondents indicated that they were discriminated against when getting or keeping custody of children.

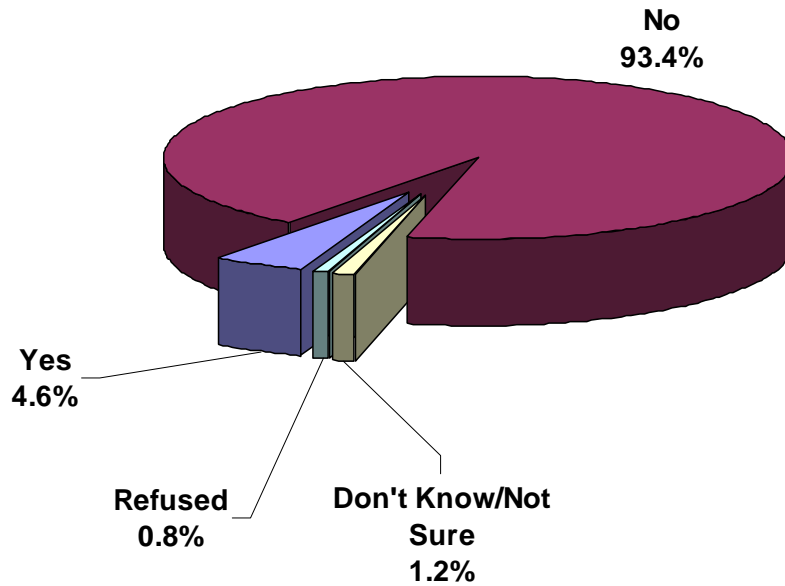


Figure 18. Percentages of respondents who believe they were discriminated against or not discriminated against when getting or keeping custody of children. N=590

Survey Results

Discrimination Against People with Disabilities

Discrimination While Accessing a Public Place

When accessing a public place, 82.8% of respondents indicated that they were not discriminated against (Figure 19), while 15.3% of respondents indicated that they were discriminated against when accessing a public place. Examples used in the survey include lack of parking, limited ramps or elevators, inaccessible doors or other barriers, no large print signage, or lack of an interpreter.

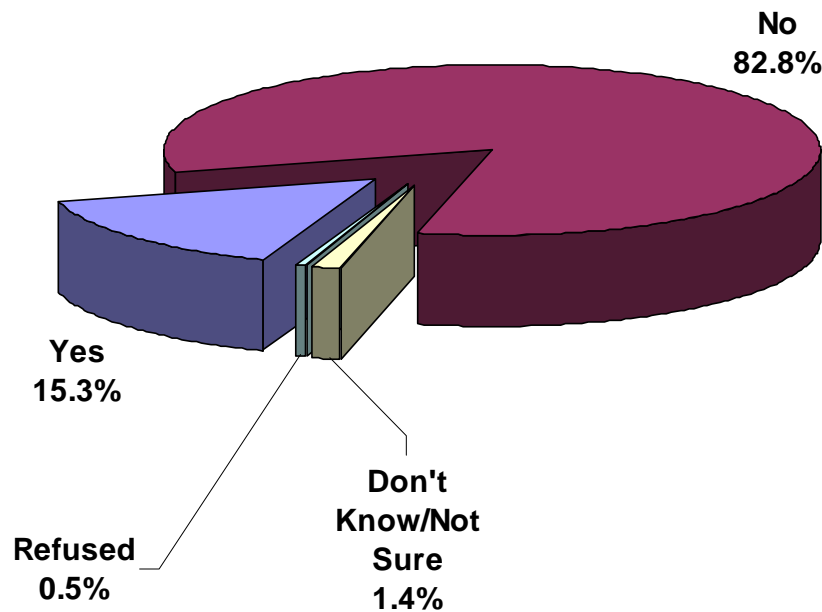


Figure 19. Percentages of respondents who believe they were discriminated against or not discriminated against when accessing a public place. N=590

Denial of Opportunities

When asked if they had ever been denied any other opportunity because of their disability, 85.6% of respondents indicated that they had not been discriminated against (Figure 20), while 11.9% of respondents indicated that they had been denied another opportunity because of their disability. The details of these instances were not collected, however.

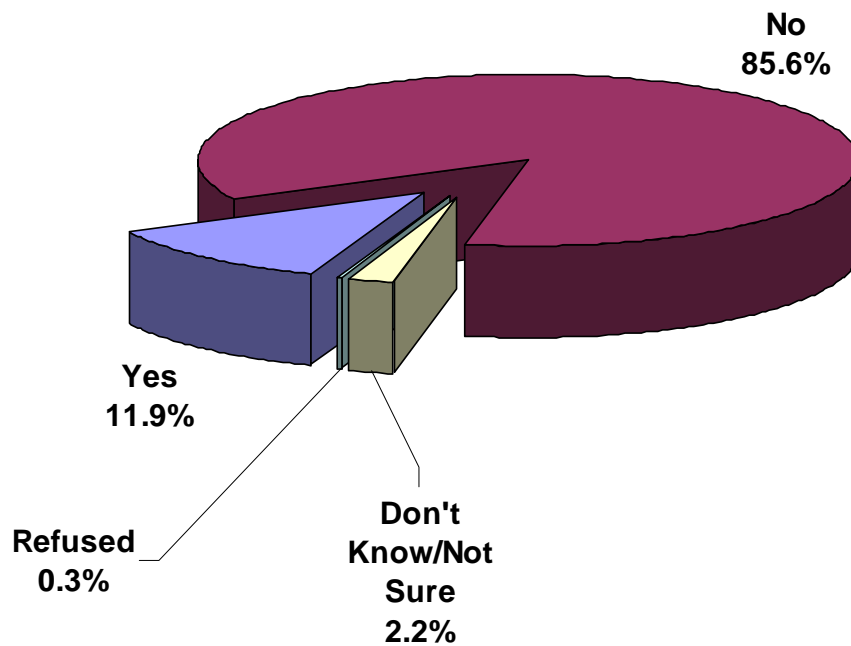


Figure 20. Percentages of respondents who believe they were or were not denied any other opportunity because of their disability. N=590

Survey Results

Discrimination Against People with Disabilities

Voting Accommodation

Survey respondents were asked whether or not they had voted in the last election. Of the 590 respondents, 450 or 76.3% indicated that they had voted in the last election (Figure 21). Those that had voted were then asked if they thought the voting process accommodated their disability. Of the 450 respondents that indicated they had voted in the last election, 392 or 87.1% believed the voting process accommodated their disability, while 41 or 9.1% believed the voting process did not accommodate their disability.

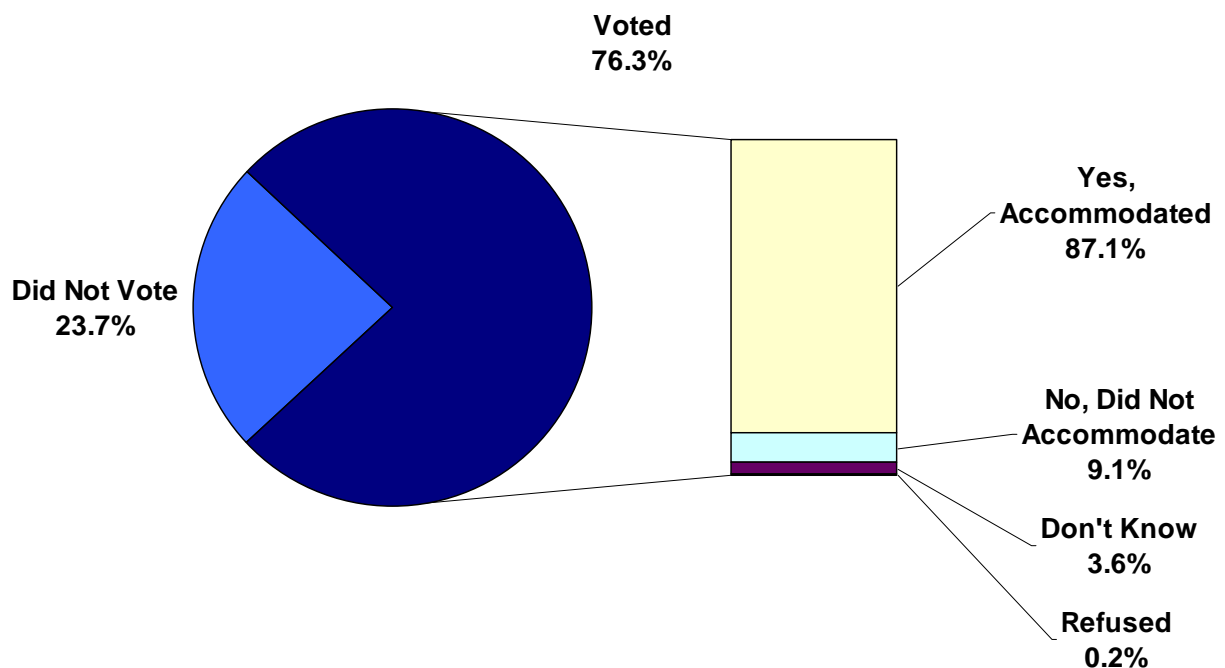


Figure 21. Pie chart showing the percentage of respondents that affirmed whether they had voted or not in the last election (N=590). Bar chart showing the percentages of those that voted that believed the voting process did or did not accommodate their disability (N=450).

Medical Insurance and Benefits for People with Disabilities

Medical insurance and benefits are very important for most people to meet their needs. For some persons with disabilities, medical insurance and benefits are particularly important. In some instances these benefits are so important that persons with disabilities must decline full-time jobs, promotions, or higher salaries in order to remain qualified for benefits from Medicaid and Medicare. Their salaries or their potential salaries from accepting these career advancements are often still insufficient to obtain private insurance in lieu of Medicaid and Medicare. Likewise, the number of people with disabilities that have private insurance, and have declined a promotion may speak to the problems and difficulties associated with changing private insurers should a person accept a change of employment.

Figure 22 shows the percentage of respondents that indicated which types of medical insurance coverage, or benefits they have, if any. Of the respondents that did have medical coverage or benefits of some kind, 40.2% had private insurance. Medicare was the second most common form of coverage, with 27.5% of respondents qualifying for Medicare. Medicaid was the third most common form of coverage (7.1% of respondents), and veterans benefits were the fourth most common form of medical coverage (5.1%). As many as 12.9% of respondents did not have medical insurance coverage, or benefits of any kind.

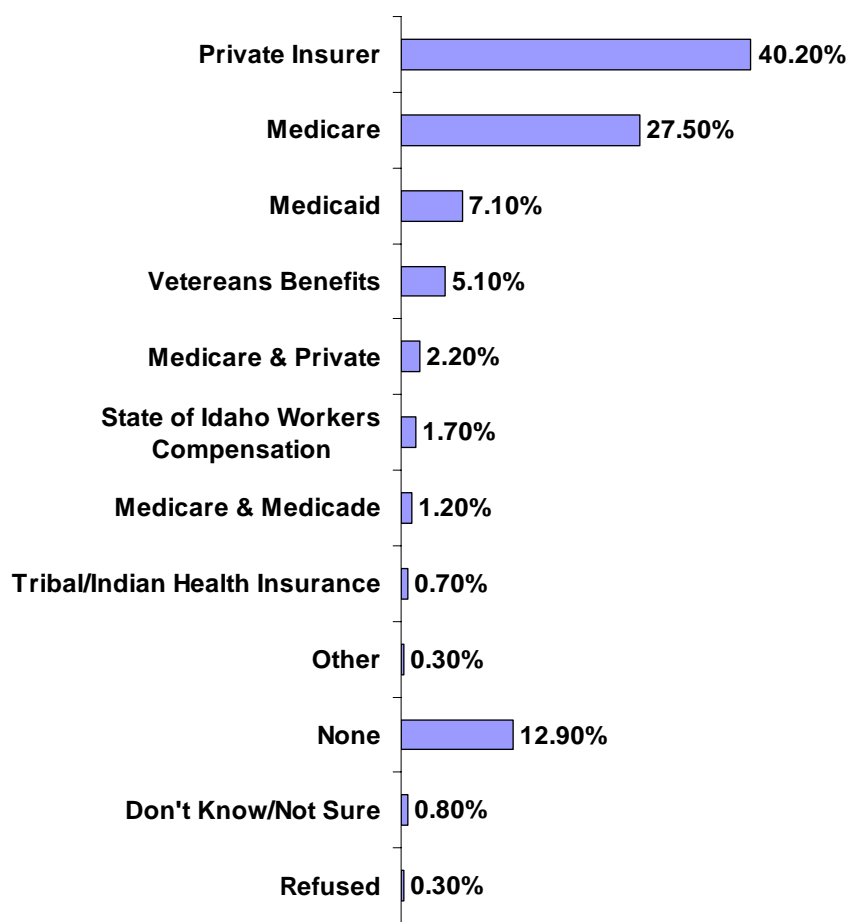


Figure 22. Medical insurance coverage and benefits of survey respondents. N=590

Adequacy of Medical Insurance or Benefits

The respondents were also asked if their medical benefits were adequate to meet their needs (Figure 23). These respondents also include those who indicated they have no medical coverage at all. Of those who believe they have adequate medical benefits, more than 61% agree or strongly agree. In comparison to the 1995 survey, more than 66% of respondents agreed or strongly agreed that their medical benefits were adequate to meet their needs (Scudder & Willmorth, 1995).

Almost 37% of respondents disagree or strongly disagree that their medical benefits adequately meet their needs. In the 1995 survey, almost 28% of respondents disagreed or strongly disagreed that their medical benefits adequately met their needs (Scudder & Willmorth, 1995). This comparison shows that fewer respondents in the sample populations believed that their medical benefits were adequate to meet their needs in 2005 than in 1995.

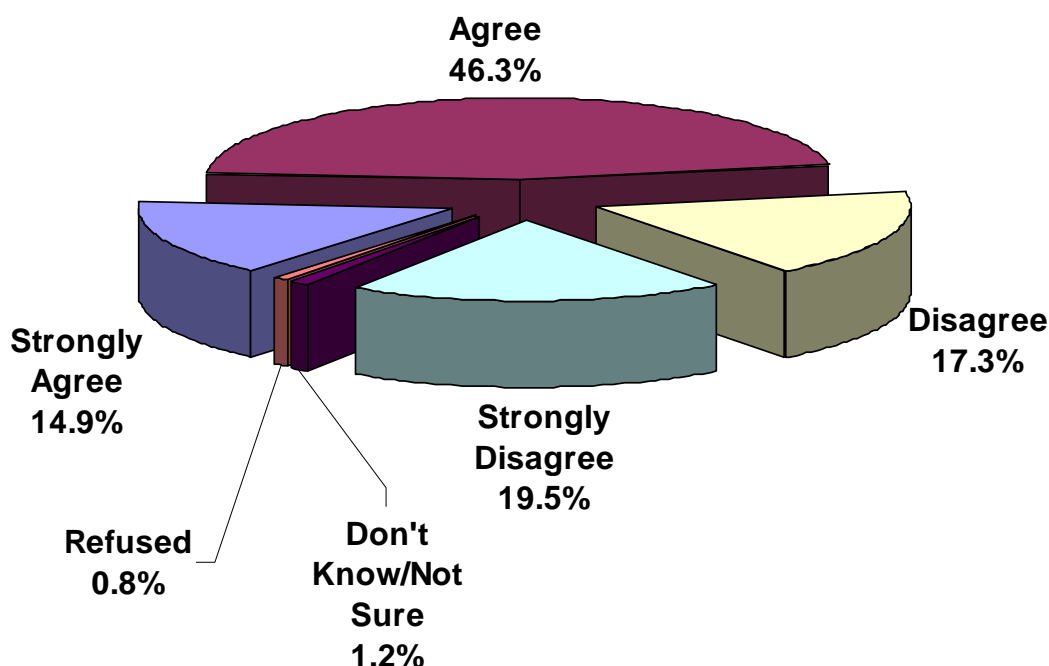


Figure 23. Percentages of respondents who agreed or disagreed that their medical benefits were adequate to meet their needs. N=590

Declining Employment to Protect Benefits

Figure 24 Shows the percentages of respondents who have or have not declined employment or a promotion with a pay raise in order to protect their health insurance or other benefits. By maintaining income levels below a certain income bracket, many persons with disabilities are able to qualify for medical benefits that they would not qualify for if they had income above a particular bracket. When they fall above that income bracket and they no longer

Survey Results

Medical Insurance and Benefits for People with Disabilities

qualify, they still may not earn sufficient wages to obtain private health insurance or benefits. Such occurrences can hinder potential career advancement for people with disabilities.

When asked if they had to decline employment or a promotion with a pay raise to maintain health insurance or other benefits, 8.3% of the respondents indicated that they had declined such an opportunity (Figure 24). Conversely, 90.1% had never declined employment or a promotion with a pay raise to protect health insurance or other benefits.

In order to gauge the opinion of the general public on this issue, Gonzalez and Watts asked about the level of public support in Idaho to fund medical benefits for people with disabilities in the 12th Annual Idaho Public Policy Survey. The question asked if the state should fund benefits for people with disabilities so they can accept employment opportunities without threatening their benefits (Gonzales & Watts, 2001):

Many people with disabilities in Idaho are qualified to work, but cannot accept jobs because they would lose their medical benefits. Should the state help fund their medical benefits so they can enter the workforce?

Of the 561 respondents from the general public in Idaho that answered this question for the policy survey, 561 (87.9%) believed the state should fund their medical benefits so they can enter the work force. Only 77 respondents (12.1%) said no, and 68 respondents (9.6%) did not know or refused to answer.

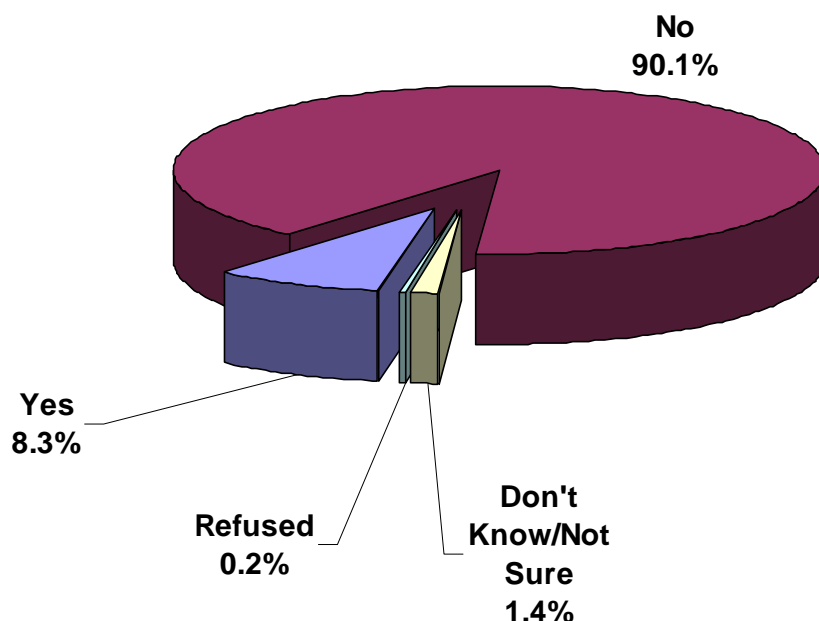


Figure 24. Percentages of respondents who have or have not declined employment or a promotion with a pay raise in order to protect their health insurance or benefits. N=590

Survey Results
Medical Insurance and Benefits for People with Disabilities

Twenty-five percent of respondents with tribal/Indian health insurance declined employment or a promotion with an increase in pay to protect their benefits compared to 12.0% of respondents with Medicaid, 5.0% of respondents with Medicare, and 11.1% of respondents with private insurance. Conversely, 75% of respondents with tribal/Indian health insurance, 88.0% of respondents with Medicaid, 93.2% of respondents with Medicare, and 87.7% of respondents with private insurance have not declined employment or a promotion.

None of the respondents with Medicare and private insurance, State of Idaho Worker's Compensation, a combination of Medicare and Medicaid, and other insurance types declined employment or a promotion with a pay raise in order to protect their health insurance or benefits.

Table 6. Frequencies and percentages of respondents with the following insurance types who declined employment of a promotion with an increase in pay in order to protect health insurance or benefits. Percentages are calculated within each insurance type category.

Declined Employment	Insurance Type									
	Private	Medicare	Medicaid	Veterans	Medicare and Private	State of ID workers comp	Medicare and Medicaid	Tribal	Other	None
Yes	26 11.1%	8 5.0%	5 12.0%	1 0.4%	-	-	-	1 25%	-	7 9.3%
No	206 87.7%	150 93.2%	37 88.0%	28 96.6%	13 100%	10 100%	7 100%	3 75%	2 100%	65 86.7%
Don't know/ Not Sure	3 1.2%	2 1.2%	-	-	-	-	-	-	-	3 4%
Refused	-	1 0.6%	-	-	-	-	-	-	-	-
Total	235	161	42	29	13	10	7	4	2	75
										578

Financial Limitations to Health Care

While 90.1% of the respondents had not declined employment or a promotion with a pay raise to protect their health insurance or other benefits, many respondents still had to postpone seeking health care because of their financial situation. When asked if they had to postpone seeking health care in the last year because of their financial situation, 43.2% of respondents answered yes (Figure 25). A slight majority (56.3%) of the respondents had not postponed seeking health care.

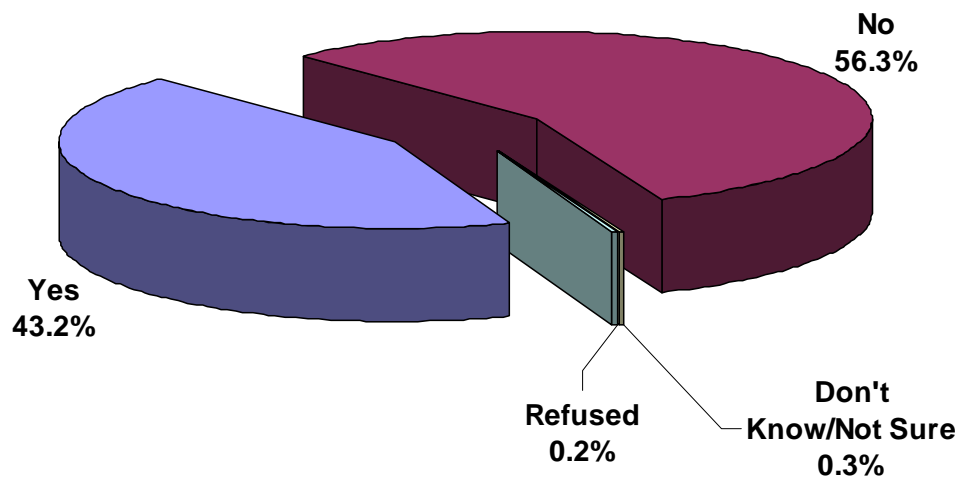


Figure 25. Percentages of respondents who have or have not postponed seeking health care in the past year because of their financial situation. **N=590**

Frequency of Health Care Postponement

Respondents that indicated they had postponed seeking health care in the last year because of their financial situation were then asked how many times in the last year they had postponed seeking health care (Figure 26). Of the 255 respondents, 20.4% indicated they had postponed seeking health care 2 times in the last year because of their financial situation. Multiple occurrences of postponement tapered off quickly with a resurgence at 10 to 12 times in the last year. The resurgence of the postponement of health care at 12 times in the last year because of the respondent's financial situation can probably be attributed to the fact that there are 12 months in a calendar year. It is possible that these respondents rationalized their response as postponing health care once a month because of their financial situation.

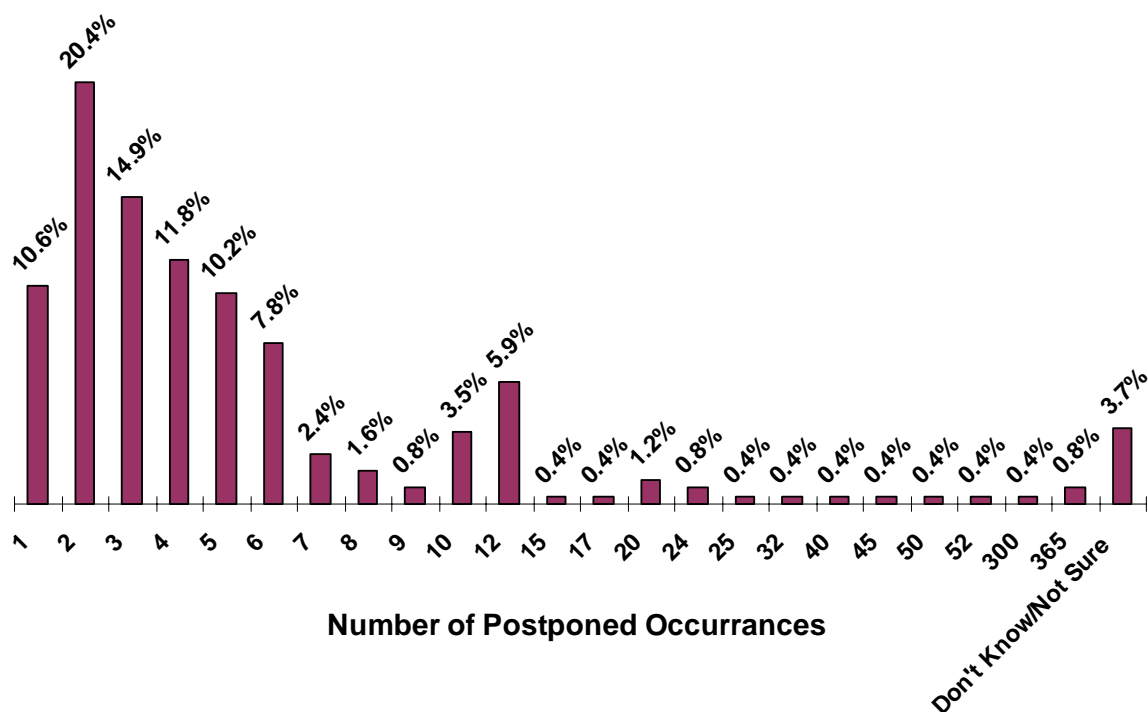


Figure 26. Percentages of the total respondents that postponed seeking health care one or more times in the last year because of their financial situation. N=255

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